

### **REMARKS**

This communication is responsive to the Election/Restriction Requirement dated March 10, 2008.

#### **Election**

The Examiner has required restriction between the following groups:

Group No.	Claims
1	1-5
2	6-25
3	26-31

In accordance with the Restriction Requirement, Applicant elects Group II (Claims 6-25) for examination. Claims 1-5 and 26-31 have been cancelled without prejudice. Claim 6 has been amended without prejudice to improve readability.

Allowance of the elected claims is in order and is respectfully requested. Should the Examiner deem further clarification is in order, the Examiner is cordially invited to call the Applicants' undersigned attorney, to expedite further processing of the subject application to allowance.

#### ***Information Disclosure Statement***

Applicant submits herewith an Information Disclosure Statement indicating references or other information of which it is aware that it believes may be material to the examination of this application, and in respect to which, there may be a duty to disclose under 37 C.F.R. § 1.56 and in accordance with 37 C.F.R. §§ 1.97-1.98.

The filing of this information disclosure statement shall not be construed as a representation that a search has been made (37 C.F.R. 1.97(g)), or an admission that the information is material to patentability (37 C.F.R. 1.97(h)), or an admission that the information constitutes prior art. The filing of this information disclosure statement shall not be construed as an admission against interest in any manner. Pursuant to 37 C.F.R. §1.97(c)(2), the fee set forth in §1.17(p) has been submitted herewith. Should there be any additional fees due and owing with respect to this application, the Examiner is authorized to charge such fees to Deposit Account No. 03-3839.

The Examiner is respectfully requested to review the references identified herewith, in addition to those in parent application serial no. 10/440,521 and make them of record in the instant application, consistently with M.P.E.P. § 609. The Examiner is also requested to initial one copy of Form PTO-1449 and return the same to the undersigned.

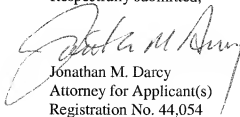
#### **Correspondence and Fees**

No fees are believed to be required. However, should this be in error, authorization is hereby given to charge Deposit Account no. 03-3839 for any underpayment, or to credit any overpayments.

Please address all correspondence to the correspondent address for **Customer No. 26345**  
**of Intellectual Docket Administrator, Gibbons P.C.,** One Gateway Center, Newark, NJ 07102.

Telephone calls should be made to Jonathan M. Darcy at (215) 446-6283.

Respectfully submitted,



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